

APPLICATION FOR FAMILY AND MEDICAL LEAVE (FMLA)

1. EMPLOYEE NAME (<i>Print or type—Last, First, MI.</i>)					2. SOCIAL SECURITY NUMBER					
3. EMPLOYEE ADDRESS					4. EMPLOYEE TITLE, SERIES, AND GRADE					
5. EMPLOYEE PAY RATE (<i>Annual GS/GM/WG</i>)					<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		6. DATE FMLA LEAVE INVOKED			
7. DATES OF FMLA LEAVE REQUESTED (<i>see instructions</i>)				TOTAL NUMBER OF HOURS REQUESTED	8. HOW WILL FMLA LEAVE BE TAKEN (<i>Check one</i>)			9. CUMULATIVE HOURS USED		
FROM		MONTH	DAY	HOUR	A.M. P.M.	<input type="checkbox"/> CONTINUOUS LEAVE <input type="checkbox"/> INTERMITTENT LEAVE <input type="checkbox"/> REDUCED SCHEDULE LEAVE				
TO					A.M. P.M.					
10. I REQUEST TO SUBSTITUTE LEAVE CHECKED FOR FMLA LEAVE (<i>If more than one type is requested please explain in item 15 Remarks</i>):					11. TYPE OF FMLA LEAVE (<i>Check one</i>)					
<input type="checkbox"/> ANNUAL LEAVE (Annual leave requested may not exceed the amount available for use during the leave year) <input type="checkbox"/> OTHER (<i>Specify</i>)					<input type="checkbox"/> BIRTH OF A CHILD AND CARE OF NEWBORN CHILD (<i>Within one year of birth</i>): (FML1) <input type="checkbox"/> PLACEMENT OF A SON OR DAUGHTER WITH EMPLOYEE FOR ADOPTION OR FOSTER CARE (<i>Within one year after placement</i>): (FML2)					
<input type="checkbox"/> SICK LEAVE DATES COVERED BY SUBSTITUTED LEAVE: FROM _____ TO _____					<input type="checkbox"/> CARE OF SPOUSE, CHILD, OR PARENT WITH SERIOUS HEALTH CONDITION; OR (FML3) <input type="checkbox"/> SERIOUS HEALTH CONDITION OF EMPLOYEE THAT MAKES EMPLOYEE UNABLE TO PERFORM ANY ONE OR MORE OF THE ESSENTIAL FUNCTIONS OF HIS/HER POSITION. (FML4)					
					12. PAY PERIOD #		13. EMPLOYEE'S SIGNATURE		DATE	
					14. SUPERVISOR'S SIGNATURE		TELEPHONE NO.		DATE	
15. REMARKS										

INSTRUCTIONS FOR COMPLETING CD-518

A CD-518 "Application for Family and Medical Leave" will be completed in lieu of a CD-71 "Application for Leave" by every employee who invokes FMLA leave. All leave recorded on an SF-518 counts against the employee's 12 week FMLA leave entitlement.

BLOCK 6. The "Date FMLA Leave Invoked" is the date that starts the employee's 12 week entitlement. It will be the same date FMLA leave starts unless the CD-518 records a period of FMLA leave taken intermittently or on reduced schedule.

BLOCK 7. FMLA leave for a birth, adoption or placement of a child will be taken as one continuous period unless the employee's supervisor authorizes leave on an intermittent or reduced schedule. FMLA leave for a serious health condition of the employee or care of the employee's spouse, parent or child with a serious health condition may be taken intermittently or on reduced schedule.

BLOCK 8. Record how leave will be taken, i.e., as one *continuous* period; *intermittently* (leave taken in separate blocks of time. This may include fractional hour increments if operating unit/Departmental Office policy permits); or on *reduced schedule* (the number of hours of regularly scheduled work per day/per week are reduced by FMLA leave).

BLOCK 9. Cumulative Hours Used. This figure will reflect all FMLA leave hours used, including substituted leave, since the employee invoked FMLA leave (see Block 6), not including the hours reflected on this CD-518.

BLOCK 10. Sick or annual leave, may be substituted by CD-518 for a period of unpaid leave under FMLA prior to the date the paid leave is to begin. Substituted leave does not extend the employee's 12 week FMLA entitlement. Applicable regulations apply when substituting paid leave for unpaid leave under the FMLA.

BLOCK 11. "Child" means a biological, adopted, foster, or stepchild; a legal ward; or a child of an employee standing in *loco parentis*, (1) who is under 18 years of age, or 18 or over and incapable of selfcare. "Parent" means a biological parent or person standing in *loco parentis* to the employee as a child. "Spouse" means a husband or wife recognized by law or a common law spouse if recognized by the state. "Serious health condition" means (1) absence for the birth of a child including prenatal care; (2) any period of incapacity resulting from injury, illness or impairment that requires an overnight stay in a hospital, hospice, etc.; (3) continuing treatment for a chronic or long-term condition. This includes chronic conditions that continue over an extended period and may cause episodic rather than continuing periods of incapacity and conditions that if not treated will result in an absence of more than 3 consecutive calendar days.

TIMEKEEPERS: Unless the employee is substituting paid leave for unpaid FMLA leave, record FMLA leave on the time and attendance record as leave without pay (LWOP). Maintain the original of the CD-518 with the time and attendance record. Forward a copy of the CD-518 to the FMLA Coordinator in the servicing personnel office.

NOTE: An employee who requests leave which is not FMLA leave and which is not being substituted for a period of unpaid leave under FMLA must use an SF-71 "Application for Leave".

PRIVACY ACT STATEMENT

Section 6311 of Title 5 to the U.S. Code authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation on you for employment or security reasons; to the Office of Personnel Management or General Accounting Office when the information is required for evaluation of leave administration; and to the General Services Administration in connection with its responsibilities for records management.

Where the employee identification number is your Social Security Number, collection of this information is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in disapproval of this request.

If your agency uses the information furnished on this form for purposes other than these indicated above, it may provide you with an additional statement reflecting those purposes.